

Electronics Recovery Host Site Self-Audit Form

(adapted from St. Louis Regional Recycling Partnership for Electronics Recovery)

Company Name: _____ FEIN#: _____

Address: _____

Web site: _____

Contact Person: _____ Title: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

Respondent to this query: _____

A. General Company Information:

1. What kind of company are you (check all that apply)?

_____ Broker _____ Refurbisher/Reseller _____ Demanufacturer _____ Charity/Government

2. General description of your business.

a. Number of employees _____

b. Years in the e-scrap business and ownership history _____

c. Facility site information and plant size _____

d. Summary of operations and services offered _____

e. Which of the following best describes your organization?

_____ Non-Profit/Charity _____ Private Business _____ Government

3. Do you process equipment and components by demanufacturing or shredding?

_____ Yes _____ No

4. If not, are components _____ (outsourced) or _____ (exported)?

5. What other services do you provide?

_____ Palletizing and pickup from customer

_____ Hard drive erasure/secure data destruction

_____ Product tracking through final state of materials

_____ Other _____

6. Will you provide references, including the most recent clients for whom you have provided service?

_____ Yes _____ No

7. What types of e-scrap do you accept? If there is a fee for the collection, please indicate the amount next to each item.

Computers and Peripherals Fee

____ Monitors
____ Desktop CPU
____ LCD displays-laptops
____ Notebook Computers
____ CD, CDRW drives
____ Hard Drives
____ Zip Drives
____ Scanners
____ DVD drives
____ Floppy drives
____ Printers
____ Speakers
____ Other: _____
____ Routers

Communication Services Fee

____ Cell phones
____ Corded phones
____ Cordless phones
____ Answering machines
____ Pagers
____ Other: Describe
____ Packet PCs
____ Data Cartridges
____ Battery back-ups/ups
____ PC and digital cameras
____ Servers

Other Equipment

____ Fax machines
____ Multifunction machines
____ Adding machines
____ Copiers
____ Other: Describe _____

B. Compliance with federal, state, and local environmental laws to safeguard occupational and environmental health and safety:

1. Does your company have an EPA ID number? ____ Yes ____ No

If yes, your number is _____

2. Does your company have a State ID number? ____ Yes ____ No

If yes, your number is _____

3. Can you provide information on your company's compliance history? ____ Yes ____ No

☐ Summary of federal or state environmental agency inquiries and enforcement actions during the past three years. (Please attach)

☐ Reports to government agencies from the past three years (Please attach)
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4. Can you provide evidence of appropriate permits? ____ Yes ____ No

☐ Air permit
☐ Storm water permit
☐ Solid waste permit
☐ Business permit
☐ Zoning permit
☐ Transportation/licensure
☐ Hazardous waste permit

- ☐ Hazardous waste resource recovery permit
- ☐ Building permit
- ☐ Occupancy permit
- ☐ Other: _____

c. Documentation regarding end-use markets:

1. Approximately what percentage, by weight, of all the equipment you receive do you send for disposal in landfills or for incineration?
_____ % _____ Tons/year landfilled or incinerated.
2. Will you provide documentation to the program/regional co-sponsor about the handling and processing of collected materials, including the demanufacturing and disposition process and reuse/recycling endmarkets? ____ Yes ____ No
3. Do you export or broker for export used equipment? ____ Yes ____ No
4. If yes, what countries are your primary markets for used equipment?

5. Will you provide documentation to the program/regional co-sponsor demonstrating that your organization does not export materials (whole or broken) that are known to fail EPA's TCLP tests to Third World countries? ____ Yes ____ No
6. Can your downstream vendors document their procedures to our satisfaction (See Operational Standards)? ____ Yes ____ No

D. Risk Management

1. Do you have General Liability Insurance? ____ Yes ____ No
How much coverage? _____
2. Do you have other types of insurance? ____ Yes ____ No
If so, what type and how much coverage? _____
3. Do you have a closure plan? ____ Yes ____ No

E. Disclosure verification:

Do you attest that your responses to these questions are accurate and can be verified independently, or through documentation that you provide?
____ Yes ____ No

Company/Organization Name _____

Date _____

Authorized Official (Print) _____

Authorized Official (Signature) _____